

# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name: SAN FRANCISCO AIDS FOUNDATION

California corporation number: 1241510

FEIN: 94-2927405

Street address (suite or room): PO BOX 426182

City: SAN FRANCISCO State: CA ZIP code: 94142

Foreign country name: Foreign province/state/county: Foreign postal code:

**A** First Return Yes  No

**B** Amended Return Yes  No

**C** IRC Section 4947(a)(1) trust Yes  No

**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized

**E** Check accounting method: (1)  Cash (2)  Accrual (3) Other

**F** Federal return filed? (1)  990T (2)  990PF (3) Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions Yes  No

**H** Is this organization in a group exemption? If "Yes," what is the parent's name? Yes  No

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes  No

**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required Yes  No

**M** Is the organization a Limited Liability Company? Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income? Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes  No

**P** Is federal Form 1023/1024 pending? Date filed with IRS Yes  No

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	21,921,397	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	29,951,130	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	51,872,527	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	2,185,501	00
	7	Total costs. Add line 5 and line 6	7	2,185,501	00
	8	Total gross income. Subtract line 7 from line 4	8	49,687,026	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	45,781,326	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,905,700	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Original signed by K. Rogers Title: CFO Date: 2/18/2020 Telephone:

Preparer's signature: KATY BROWN Date: 02/11/20 Check if self-employed:  PTIN: P00650274

Firm's name (or yours, if self-employed) and address: ARMANINO LLP, 12657 ALCOSTA BLVD, STE. 500, SAN RAMON, CA 94583-4600 Firm's FEIN: 94-6214841 Telephone: 925-790-2600

May the FTB discuss this return with the preparer shown above? See instructions Yes  No